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**RECEIVED  
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FACSIMILE: (703) 684-1157

Date: October 28, 2004

**FACSIMILE COVER LETTER**

Facsimile Number: (703) 872-9306

To: Examiner V. Kapadia  
Group Art Unit 2651, USPTO

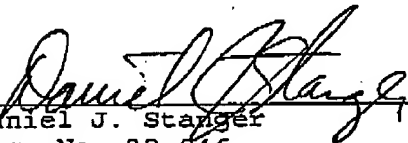
From: Mr. Daniel J. Stanger  
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 09/714,554  
Attorney Docket No.: ASA-947

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;  
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PETITION FOR TWO-MONTH EXTENSION OF TIME; AND  
CREDIT CARD FORM INCLUDING \$430.00 IN PAYMENT  
OF PETITION FOR TWO-MONTH EXTENSION OF TIME FEE.

  
Daniel J. Stanger  
Reg. No. 32,846

October 28, 2004

Date

Total Number of Pages (including cover sheet): **13**

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FORM PTO-1083

PATENT

Case Docket No. ASA-947

In RE application of K. NUNOMURA et al  
Serial No.: 09/714,554

Group Art Unit: 2651

Filed: November 17, 2000

Examiner: V. KAPADIA

For: A MANAGEMENT METHOD FOR REPRODUCTION ERROR AND  
A DISK DRIVE MAKING USE OF THE MANAGEMENT METHODRECEIVED  
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OCT 28 2004

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	8	Minus	20	=	0
Indep.	2	Minus	6	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

## SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A  
SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0


OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.
- ☒ A check in the amount of \$ 430.00 is attached in payment of:  
CREDIT CARD FORM FOR 2 MONTH EXT OF TIME.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

  
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 Attorney for Applicant(s)
Date: October 28, 2004